



DEPARTMENT OF FORESTRY AND FIRE PROTECTION
OFFICE OF THE STATE FIRE MARSHAL
Fire and Life Safety Division

P.O. Box 944246
 SACRAMENTO, CA 94244-2460
 (916) 445-8550
 Website: www.fire.ca.gov



LOCAL FIRE AUTHORITY – ACCESS APPROVAL

Project: _____

Address: _____

CSFM File Number: _____ DGS Project #: _____
 (Only if applicable) (Only if applicable)

Pursuant to CCR19 3.00 and 3.05, the California State Fire Marshal is requesting certification from the local fire authority that the above sections are met to their satisfaction.

This form shall be scanned to the accompanying fire access plan reflecting all items under consideration, and wet signed by the local fire authority. Please complete all applicable items based on scope. California State Fire Marshal project approval may be delayed until this form is completed and returned. If you have any questions, please contact the California State Fire Marshal Plan Review Section at (916) 445-8550.

Approved	Yes	No
Fire Department Access		
Fire Department Connection		
Fire Hydrant		
Fire Alarm Annunciator		
Fire Alarm Control Panel		
Knox Box		
Emergency Responder Radio Coverage		
Medical Emergency Service Elevator		
Fire Service Access Elevator		

Local Fire Authority: _____

Address: _____

City/State/ZIP: _____

Approval issued by: _____

Rank/Title: _____

Phone Number: _____

Signature: _____ Date: _____